EXHIBIT 25

	NS (front and back) CAREFULLY	navortenskog programmen programme			
a. NAME & PHONE OF (Jay Schwartz	CONTACT AT FILER [optional] 212-592-140	00			
·	GMENT TO: (Name and Address)				
Herrick Fe	instein LLP			•	
2 Park Ave					
	NY 10016				
lischwartz@	herrick.com				
<u> </u>		THE ABOVE S	SPACE IS FO	R FILING OFFICE US	E ONLY
	ULL LEGAL NAME - insertonly one debtorname (1a or 1b) - do not abbreviate or combine names		niii Oosaabiddaasaqoo;gaggaaatii ii oobaadaa;gaggagg	Note Note to the second se
1a. ORGANIZATION'S N	AME .				
DR 15. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
Jowdy		Kenneth	A.		
c. MAILING ADDRESS 74 Innisbrook A	venue	Las Vegas	STATE	POSTAL CODE 89113	COUNTRY
d. SEEINSTRUCTIONS	ADD'L INFO RE 16, TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	L
	ORGANIZATION Individual		i		XI.
	OR'S EXACT FULL LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbreviate or combin	ne names		
2a. ORGANIZATION'S N	NAME				
26. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX	
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c. MAILING ADDRESS		CITY	STATE	POSTAL CODE .	COUNTRY
	ADD'L INFO RE 26. TYPE OF ORGANIZATION	CITY 21. JURISDICTION OF ORGANIZATION		POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
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